PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/516,421			ing Date 30/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY ✓										OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	-	N/A		N/A	ı	N/A	1 == (4)	1	N/A	1 == (4)	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		ı	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	ΞE	N/A		N/A		N/A		ı	N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 =		•		x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$29 additi 35 U.	If the specification and dra sheets of paper, the appli- is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and		ion size fee due /) for each on thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL		
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	09/04/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	• 4	Minus	 20	= 0		X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 2	Minus	···4	= 0	1	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus		=		x \$ =		OR	x s =		
Σ	Independent (37 CFR 1,16(h))		Minus	***	=		x \$ =		OR	x s =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
* 6	* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.								OR .	TOTAL ADD'L FEE		
If the entry a courn is less than the entry in courns 2, write or ye courns 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For" (Tall or independent) is the highest number round in the appropriate box in column 1.												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost life light by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.14. This collection in extensive this line 22 vanishes to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burden, about the sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandrius, VA 2213-1450.